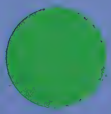
SSA 1490
Request for Medicare payment

a programmed learning text



Bureau of Health Insurance
Division of Management
SS PUB No. 41-73 (7-73)

TO THE STUDENT:

The Request for Medicare Payment, Form SSA 1490, is a method by which beneficiaries receiving Part B services may request reimbursement through insurance carriers who process Part B claims on behalf of the Social Security Administration.

We will take a look at this form and its various component parts. This will be accomplished by using a programmed learning text. Maximum benefit can be obtained by following these instructions:

(1) Spaces are provided for responses. Write your response in the space before checking your answer.

(2) If your response is incorrect, reread the frame or frames referring to the topic.

(3) Proceed at a pace with which you feel you are attaining the greatest comprehension.

An answer mask is provided on the back cover. Place the mask on the page so that the frame you are reading is exposed and the answer is covered. Additional instructions will be found as you work through the text.

Now, let's start ...

REQUEST FOR MEDICARE PAYMENT

Form Approved
OMB No.
72-R0730

MEDICAL INSURANCE BENEFITS—SOCIAL SECURITY ACT (See Instructions on Back—**Type or Print Information**)

NOTICE—Anyone who misrepresents or falsifies essential information requested by this form may upon conviction be subject to fine and imprisonment under Federal Law.

PART I—PATIENT TO FILL IN ITEMS 1 THROUGH 6 ONLY

Copy from YOUR OWN HEALTH INSURANCE CARD (See example on back)

1 Name of patient (First name, Middle initial, Last name)

2 Health insurance claim number (Include all letters) ☐ Male ☐ Female

3 Patient's mailing address — City, State, ZIP code — Telephone Number

4 Describe the illness or injury for which you received treatment (Always fill in this item if your doctor does not complete Part II below) — Was your illness or injury connected with your employment? ☐ Yes ☐ No

5 If you have other health insurance or if your State medical assistance agency will pay part of your medical expenses and you want information about this claim released to the insurance company or State agency upon its request, give the following information.

Insuring organization or State agency name and address — Policy or Medical Assistance Number

6 I authorize any holder of medical or other information about me to release to the Social Security Administration or its intermediaries or carriers any information needed for this or a related Medicare claim. I permit a copy of this authorization to be used in place of the original, and request payment of medical insurance benefits either to myself or to the party who accepts assignment below.

Signature of patient (See instructions on reverse where patient is unable to sign) — Date signed

SIGN HERE

PART II—PHYSICIAN OR SUPPLIER TO FILL IN 7 THROUGH 14

7 A. Date of each service	B. Place of service (*See Codes below)	C. Fully describe surgical or medical procedures and other services or supplies furnished for each date given	D. Nature of illness or injury requiring services or supplies	E. Charges (If related to unusual circumstances explain in 7C)	Leave Blank
				$	

8 Name and address of physician or supplier (Number and street, city, State, ZIP code) — Telephone No. — Physician or supplier code

9 Total charges $

10 Amount paid $

11 Any unpaid balance due $

12 Assignment of patient's bill ☐ I accept assignment (See reverse) ☐ I do not accept assignment.

13 Show name and address of facility where services were performed (If other than home or office visits)

14 Signature of physician or supplier (A physician's signature certifies that physician's services were personally rendered by him or under his personal direction) — Date signed

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FORM SSA-1490 (8-72)

Department of Health, Education, and Welfare
Social Security Administration

This is the first frame of the programmed learning text. This format will be used throughout the subsequent pages. Your mask should cover the answer at right. After every statement is answered, you will move the mask down one _____.	frame or space
On the opposite page is a form known as the Request for Medicare Payment. It is also known as the SSA Form #_____.	1490
Items 1 through 6 are to be completed by the _____, as the instructions for Part I indicate. However, the physician or supplier of services may complete items 1 through 5 for the beneficiary.	patient
Since the name of the beneficiary appears on the Health Insurance Card which he received, we would want the name in Item _____ exactly as it appears on the card.	1
If John Jones' wife--who didn't have her card with her--was to complete Item 1 as MRS. JOHN JONES, instead of Mary A. Jones, her given name, we _____ accept the information. (would, would not)	would not

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Was your illness or injury connected with your employment?
☐ Yes ☐ No

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				$	

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Telephone No.

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Department of Health, Education, and Welfare
Social Security Administration

Mary's friends knew her by the nickname "Bunny". Since her nickname was not on her Health Insurance Card, should she use it in completing Item 1? _____(yes/no)	no
Each beneficiary is assigned a Health Insurance Claim number. Since this may be the same number as is the SSN, we know it may have _____digits.	9
One addition to the HIC (Health Insurance Code) is a suffix. The suffix may be one or two positions, the first of which will always be an alphabetical character. **Examples of the most common numbers are:** 000-00-0000 A — Wage Earner: The individual is entitled on his own Social Security account. 000-00-0000 B or B3 — Wife: Entitled on her husband's account. Husband is living. 000-00-0000 B1 or B4 — Husband: Entitled on his wife's account. Wife is living. 000-00-0000 B6 or B9 — Divorced Wife: Entitled on the account of former husband. 000-00-0000 D or D2 — Widow: Drawing benefits on her deceased husband's account. 000-00-0000 D1 or D3 — Widower: Drawing benefits on his deceased wife's account. The suffix as shown then, in these examples, _____ agree with the sex of the beneficiary. (must/may)	must

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1 Name of patient (First name, Middle initial, Last name)
MARY A. JONES

2 Health insurance claim number (Include all letters)
012345678 B1

☐ Male ☐ Female

3 Patient's mailing address
9012 Center Street

City, State, ZIP code
Anywhere, U.S.A.

Telephone Number

4 Describe the illness or injury for which you received treatment (Always fill in this item if your doctor does not complete Part II below)

Was your illness or injury connected with your employment?
☐ Yes ☐ No

5 If you have other health insurance or if your State medical assistance agency will pay part of your medical expenses and you want information about this claim released to the insurance company or State agency upon its request, give the following information.

Insuring organization or State agency name and address

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				$	

8 Name and address of physician or supplier (Number and street, city, State, ZIP code)

Telephone No.

Physician or supplier code

9 Total charges $

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Social Security Administration

The address of the claimant should include house number (or post office box) and street name (or route/RFD number). The address is needed to send important correspondence. Of course, the city and state should always be accompanied by the _____ _____.	zip code
Certain information, if not included on the SSA 1490 will delay processing because it identifies the beneficiary. Other information, if available, is helpful but not necessary. GO ON TO NEXT FRAME	
The complete telephone number should be obtained, if available; however, the claim _____ (will/will not) be processed without it.	will
In reviewing the claim at left, which two pieces of data are wrong? a. b.	a. Suffix & sex do not match. b. zip code missing
Where at all possible, information for the SSA 1490 should be obtained directly from the beneficiary. It is also a good idea to copy all pertinent data directly from the beneficiary's _____ _____ _____.	Health Insurance Card

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2 Health insurance claim number (Include all letters)

☐ Male ☐ Female

3 Patient's mailing address | City, State, ZIP code | Telephone Number

4 Describe the illness or injury for which you received treatment (Always fill in this item if your doctor does not complete Part II below)

Was your illness or injury connected with your employment? ☐ Yes ☐ No

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In Item 4, we want to know what the injury or _____ was, for which the beneficiary received treatment.	illness
Beneficiaries, who would normally complete Part I of the SSA 1490, may not be able to describe their maladies in medical terms, although layman's terms are acceptable. However, specific reference to the injury or illness _____ necessary. (is/is not)	is
Injuries or illnesses which are work related are handled by the state insuror who covers work related injuries or illnesses. This insuror normally is called the workmen's compensation insuror. GO ON TO NEXT FRAME	
Which reason below would best explain the need to know whether or not the injury or illness was work related? a. so that Medicare, and the state's workmen's compensation insuror will both pay the claim. b. so that Medicare may deny the claim and refer it to the appropriate workmen's compensation insuror. c. to maintain statistical data.	b

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☐ Male ☐ Female

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4 Describe the illness or injury for which you received treatment *(Always fill in this item if your doctor does not complete Part II below)*

Was your illness or injury connected with your employment? ☐ Yes ☐ No

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If the response to Item 5 indicates that there is another insuring organization, the beneficiary should supply the name and address of the organization as well as the _____ _____.	policy number
Signature of the beneficiary is needed so that additional medical information can be obtained if required. The processor of the claim will return it for signature before processing the claim further. NO RESPONSE REQUIRED	
A claim (1490) may be processed without signature if there is proof that the beneficiary has made payment (such as paid itemized bills attached to 1490). If there is no such proof and the claim is unsigned, we _____ process it. (can/cannot)	cannot
The signature under Part I of the SSA 1490 is very important. There are times when a beneficiary is unable to sign the form. Do you think someone else should be able to sign for him? _____(yes/no)	yes
That's right! In order to see who may sign, and under what conditions, review the following table. NO RESPONSE REQUIRED	

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Was your illness or injury connected with your employment?
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Department of Health, Education, and Welfare
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DESCRIPTION	CRITERIA
a. Beneficiary's signature	no additional information
b. Beneficiary makes mark ("X")	one witness signing name in full, with address
c. Friend or relative signs on behalf of beneficiary	signs beneficiary's name, his own; gives full address and indicates relationship to beneficiary & why beneficiary couldn't sign
d. Legal guardian	see "c" above
e. A representative appointed by or member of governmental agency	see "c" above

From this chart, we can see that the physician who rendered the service to the beneficiary is _____ (able/unable) to sign the 1490 on behalf of the beneficiary.	unable
An agreement between the patient and the physician, that payment for Medicare services will be paid directly to the physician is known as ASSIGNMENT. NO RESPONSE REQUIRED	
Should the claimant be deceased, a signature in item 6 would not be required if the claim is assigned to the physician. Assignment allows payment of the claim to be given directly to the _____.	physician

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One important reason the signature is needed is that it allows holders of medical information to release the information to _____.	SSA (carrier or intermediary)
A general consent statement, which contains the same information as Item 6, may be obtained by the physician or supplier and kept in his files. This is primarily for long courses of treatment. What would you think should appear in item 6 if this were the case: a. leave item 6 blank b. "beneficiary's signature on file" c. physician's signature	b
In addition to a physician supplying care, a supplier of services also may use the 1490 for billing purposes. One example of a supplier is an individual who rents equipment, as wheelchairs and crutches. NO RESPONSE REQUIRED	
We now know that the decision to accept, or not accept assignment is between the physician (or supplier) and the _____on the service(s) submitted.	patient
If assignment is not accepted, the _____ may expect payment directly from the patient.	physician or supplier

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In order for the claim to be properly _____, the physician or supplier of service must properly complete Part II of the SSA 1490.	assigned
Now, looking at Part II on the opposite page, we see item 7 is made up of _____ subparts.	5(A through E)
Before reviewing these, you should know that itemized bills from the physician or supplier which gives _____ (all/some) of the information requested in Item 7 can be attached to the SSA 1490 and substitutes for completion of this part of the form. Regardless, each attachment should include the HIC number and the patient's name.	all
The date of each service (7-A) is needed to determine if the _____ was entitled at the time of the service. Failure to include each date will _____ (delay/not affect) the progress of the claim. This item must also be completed to make sure there are no billed duplications of services which were rendered.	patient delay
Item 7-B, Place of Service, should reflect the code found at the bottom of the SSA-1490. For example, if under 7-B, the alphabetic character "O" was shown, we would know the service was rendered in the _____.	Doctor's office

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PART I—PATIENT TO FILL IN ITEMS 1 THROUGH 6 ONLY

Copy from YOUR OWN HEALTH INSURANCE CARD (See example on back)

1 Name of patient (First name, Middle initial, Last name)

2 Health insurance claim number (*Include all letters*)

☐ Male ☐ Female

3 Patient's mailing address | City, State, ZIP code | Telephone Number

4 Describe the illness or injury for which you received treatment (*Always fill in this item if your doctor does not complete Part II below*)

Was your illness or injury connected with your employment?
☐ Yes ☐ No

5 If you have other health insurance or if your State medical assistance agency will pay part of your medical expenses and you want information about this claim released to the insurance company or State agency upon its request, give the following information.

Insuring organization or State agency name and address | Policy or Medical Assistance Number

6 I authorize any holder of medical or other information about me to release to the Social Security Administration or its intermediaries or carriers any information needed for this or a related Medicare claim. I permit a copy of this authorization to be used in place of the original, and request payment of medical insurance benefits either to myself or to the party who accepts assignment below.

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SIGN HERE

PART II—PHYSICIAN OR SUPPLIER TO FILL IN 7 THROUGH 14

7 A. Date of each service	B. Place of service (*See Codes below)	C. Fully describe surgical or medical procedures and other services or supplies furnished for each date given	D. Nature of illness or injury requiring services or supplies	E. Charges (*If related to unusual circumstances explain in 7C*)	Leave Blank
				$	

8 Name and address of physician or supplier (*Number and street, city, State, ZIP code*)

Telephone No.

Physician or supplier code

9 Total charges $

10 Amount paid $

11 Any unpaid balance due $

12 Assignment of patient's bill
☐ I accept assignment (*See reverse*) ☐ I do not accept assignment.

13 Show name and address of facility where services were performed (*If other than home or office visits*)

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FORM SSA-1490 (8-72)

Department of Health, Education, and Welfare
Social Security Administration

The description of surgical or medical procedures (7-C) is most important. A complete description of procedure or surgery is required. Using the terms "lab" or "x-ray" _____ (would/would not) be acceptable.	would not
The nature of the illness or injury (7-D) _____ (must/may) be directly related to the description of surgical or medical procedures. This can also be known as the diagnosis.	must
Each charge shown in 7-E must reflect the information in 7-C and must be itemized. For example: 7-C shows: appendectomy and related lab fees and x-rays. 7-E shows: $290.00 You would want _____ _____ and _____ to be shown on separate lines and charged separately.	lab fees x-rays
You are correct. Each service should be _____.	itemized (shown on a separate line)
Item 8 indicates the physician (or supplier) who performed the service. This information may be used when the insurance carrier needs additional information from the patient's medical _____.	records

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Item 9 should reflect the total of all charges itemized in 7-___ .	E
Since the insurance carrier will determine the reasonable amount to pay on the claim from the information given on the SSA 1490, the final settlement will not take place until the claim is processed. If the beneficiary pays anything to the physician or supplier, it will be shown in item _____.	10
The amount due the physician or supplier of the service, as calculated on the SSA 1490, then appears in item _____. This amount _____ be the same as item 9. (could/could not)	11 could
That's right! The beneficiary may not have paid anything to the physician or supplier. If nothing was paid, zero's should be placed in item _____.	10
Of course, if more services are rendered than would be fit on one SSA 1490, additional forms may be attached, or _____ _____ may be substituted for Item 7.	itemized statements (or bills)

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To identify each itemized statement, the physician's name, beneficiary's name and beneficiary's _____ _____ _____ _____should be noted on each statement.	Health Insurance Claim (number)
Medicare has a deductible which represents the amount of money a beneficiary must first pay for covered service before he is entitled to payment from the program. NO RESPONSE REQUIRED	
In addition the beneficiary may share in the cost of some covered services with the Medicare program. This is known as coinsurance and may either be a percentage or a fixed dollar amount. NO RESPONSE REQUIRED	
The beneficiary is generally responsible for any deductible and coinsurance due. He would normally pay the amount directly to the _____ or supplier of service.	physician
Item 12 indicates whether or not the physician accepts _____ _____.	assignment

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If the physician accepts assignment, he agrees that the reasonable charge, as determined by the insurance carrier, will be the full charge, less any _____ and _____ which will be paid by the beneficiary.	deductible coinsurance
By accepting assignment, the physician (or supplier) _____ collect more from the beneficiary than the difference between the reasonable charge and the amount received from Medicare. (will/will not)	will not
Of course, the physician or supplier may also collect for any non-covered services directly from the _____.	beneficiary
By not accepting assignment, the physician or supplier may charge the beneficiary any amount for the rendered _____.	services
Identifying the facility where services were rendered (Item 13) is needed so that the _____ medical records may be obtained, if needed.	patient's (or bene- ficiary's)

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If laboratory fees are involved, should the name and address of the lab be shown in Item 13?	yes
Any claim, on which assignment has been accepted, must have the signature and date of signing of the _____.	physician (or supplier)
However, if the claim is unassigned, the physician or supplier's _____ may be deleted. Keep in mind, though, that Part II of the SSA 1490 must still be completed by the physician or supplier and should be accompanied by supporting evidence showing the type of services rendered.	signature
Each SSA 1490, when properly completed by the beneficiary and the physician or supplier of service, represents a claim requesting payment for covered _____.	services
By accepting assignment, the physician decides to accept the reasonable charge as determined by the insurance carrier for: (choose one) a. only those services rendered which are listed on that 1490. b. all services rendered to the beneficiary at any time.	a